

HEARTLAND HEALTH CARE CENTER-SHAWANO

1436 SOUTH LINCOLN STREET

SHAWANO 54166 Phone: (715) 526-6111

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 100

Total Licensed Bed Capacity (12/31/02): 109

Number of Residents on 12/31/02: 80

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Corporation

Skilled

No

Yes

Yes

84

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%		Less Than 1 Year		48.8
Supp. Home Care-Personal Care	No	-----	-----	-----	-----		1 - 4 Years		25.0
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.3		More Than 4 Years		26.3
Day Services	No	Mental Illness (Org./Psy)	37.5	65 - 74	5.0				-----
Respite Care	Yes	Mental Illness (Other)	3.8	75 - 84	38.8				100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	1.3	85 - 94	43.8				*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	6.3		Full-Time Equivalent		
Congregate Meals	No	Cancer	3.8		-----		Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	3.8		100.0		(12/31/02)		
Other Meals	Yes	Cardiovascular	12.5	65 & Over	93.8				-----
Transportation	No	Cerebrovascular	18.8		-----		RNs		11.3
Referral Service	No	Diabetes	6.3	Sex	%		LPNs		7.8
Other Services	Yes	Respiratory	11.3	-----	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	1.3	Male	36.3		Aides, & Orderlies		33.3
Mentally Ill	No		-----	Female	63.8				
Provide Day Programming for			100.0		-----				
Developmentally Disabled	No				100.0				

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	14	100.0	315	50	98.0	99	1	100.0	111	13	100.0	126	0	0.0	0	1	100.0	375	79	98.8
Intermediate	---	---	---	1	2.0	83	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		51	100.0		1	100.0		13	100.0		0	0.0		1	100.0		80	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing		% Totally		Total	
		Daily Living (ADL)		Assistance of		Dependent		Number of	
		Independent		One Or Two Staff				Residents	
Private Home/No Home Health	3.9	Bathing	10.0	77.5	12.5	80			
Private Home/With Home Health	0.0	Dressing	21.3	66.3	12.5	80			
Other Nursing Homes	0.4	Transferring	32.5	56.3	11.3	80			
Acute Care Hospitals	95.8	Toilet Use	28.8	58.8	12.5	80			
Psych. Hosp.-MR/DD Facilities	0.0	Eating	81.3	11.3	7.5	80			
Rehabilitation Hospitals	0.0	*****							
Other Locations	0.0								
Total Number of Admissions	285	Continence	% Special Treatments		%				
Percent Discharges To:		Indwelling Or External Catheter	2.5	Receiving Respiratory Care	10.0				
Private Home/No Home Health	22.5	Occ/Freq. Incontinent of Bladder	33.8	Receiving Tracheostomy Care	0.0				
Private Home/With Home Health	20.4	Occ/Freq. Incontinent of Bowel	13.8	Receiving Suctioning	0.0				
Other Nursing Homes	2.5			Receiving Ostomy Care	0.0				
Acute Care Hospitals	29.8	Mobility		Receiving Tube Feeding	0.0				
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.3	Receiving Mechanically Altered Diets	30.0				
Rehabilitation Hospitals	0.0								
Other Locations	4.9	Skin Care		Other Resident Characteristics					
Deaths	20.0	With Pressure Sores	7.5	Have Advance Directives	100.0				
Total Number of Discharges		With Rashes	5.0	Medications					
(Including Deaths)	285			Receiving Psychoactive Drugs	43.8				
